

Atty Docket No. 022273-000400US

PTO FAX NO.: 703-872-9306

ATTENTION: Examining Attorney

Group Art Unit 3661

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FOR THE PERSONAL ATTENTION OF**THE EXAMINING ATTORNEY****CERTIFICATION OF FACSIMILE TRANSMISSION**

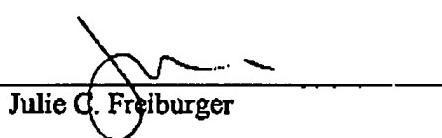
I hereby certify that the following documents in re application of WILLIAM J. JOHNSON, Application No. 10/823,386, filed April 12, 2004 for SYSTEM AND METHOD FOR PROACTIVE CONTENT DELIVERY BY SITUATIONAL LOCATION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Power of Attorney

Number of pages being transmitted, including this page: 3

Dated: September 21, 2004


Julie C. Freiburger

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60314479 v1

PTO/SB/21 (04-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/823,386
		Filing Date	April 12, 2004
		First Named Inventor	JOHNSON
		Art Unit	3661
		Examiner Name	Unassigned
Total Number of Pages in This Submission	3	Attorney Docket Number	022273-000400US

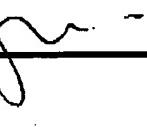
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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Townsend and Townsend and Crew LLP Jonathan E. Jobe	
Signature		
Date	Reg. No. 26,429 September 21, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on September 21, 2004.

Typed or printed name	Julie C. Freiburger		
Signature		Date	September 21, 2004

60314495 v1

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Serial Number	10/823,386
Filing Date	April 12, 2004
First Named Inventor	JOHNSON
Art Unit	3661
Examiner Name	Unassigned
NEW Atty. Docket No.	022273-000400US

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

20350

Please change the correspondence address for the above-identified application to:

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OR

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Address

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I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name William J. Johnson

Signature

Date

9/14/2004

Telephone

972-539-7137

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.